William Tennent Marching Band
MEDICAL INFORMATION AND CLEARANCE
(All medical information will be confidential)

Student Name:_____ DOB_____ Grade:_____ Age:_____

Address:_____ City:_____ Zip:_____

Home Phone Number:_____

EMERGENCY CONTACT INFORMATION

Father/Guardian's Name: _____ Work Phone: _____

Cell Phone: _____

Mother/Guardian's Name: _____ Work Phone: _____

Cell Phone: _____

EMERGENCY CONTACTS (If unable to reach parent/guardian):

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Physician's Name: _____ Phone: _____

Date of Last Tetanus Shot: _____

Student's Medical History (circle all that apply)

- ADD/ADHD
- Allergies (food, Meds, other)
- Anorexia/Bulimia
- Asthma
- Bee Sting Allergy
- Concussion
- Diabetes
- Fainting Spells
- Frequent Earache/Headache
- Gastrointestinal Disorder
- Hay Fever
- Hearing Problem/Wear Aid
- Heart Conditions
- Kidney/Bladder Problems
- Menstrual Problems
- Motion Sickness
- Orthopedic Condition
- Physical Disability
- Seizure Disorder
- Vision Problem (Glasses/Contacts)
- Other

If you have checked any of the above, please explain. Include anything about your child's health that will help us to better understand and work with your son/daughter.

_____

_____

List all medications you are currently taking – prescriptions or over-the-counter meds.

_____

_____

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The following over-the-counter medications may be available to your student if needed, if he/she chooses to take them. Please check whether or not your student may take each medication.

MEDICATION	COMMON REASON FOR GIVING	ALLOWED TO TAKE	MAY NOT TAKE
Acetaminophen (Tylenol)	Mild Pain, headache	_____	_____
Ibuprofen (Motrin, Advil)	pain, inflammation, muscle pain, swelling.	_____	_____
Benadryl and Antihistamines	allergic reaction	_____	_____
Mylanta, Maalox, Tums	Upset stomach, heartburn	_____	_____
Triple Antibiotic Cream/Neosporin	abrasions/minor cuts and burns	_____	_____
Hydrogen Peroxide	Minor cuts, scrapes, burns	_____	_____

MEDICAL CLEARANCE

In the event of accidental injury or illness, I hereby authorize care or appropriate treatment for my child by a licensed healthcare provider

Insurance Company: _____ Policy #: _____

Insurance Company Phone: _____

Signed:_____ **Date:** _____
(Parent/Guardian)

Print Parent Name: _____
(Please print legibly)